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Exhibit 672

UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF OHIO

EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION	) MDL No. 2804
THIS DOCUMENT RELATES TO: ALL CASES	) No. 1:17-MD-2804
	) Hon. Dan A. Polster

HIGHLY CONFIDENTIAL

SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

The videotaped deposition of MICHAEL M. MILLER, M.D., called by the Plaintiffs for examination, taken pursuant to the Federal Rules of Civil Procedure of the United States District Courts pertaining to the taking of depositions, taken before JULIANA F. ZAJICEK, a Registered Professional Reporter and a Certified Shorthand Reporter, at the offices of Foley & Lardner, Suite 400, 150 East Gilman Street, Madison, Wisconsin, on June 4, 2019, at 10:00 a.m.

Q. Dr. Miller, we are back on the record after a short break.

We were just discussing the last pharmaceutical company that you worked for that's on your CV, US WorldMeds.

Do you recall that?

A. Yes, ma'am.

Q. Okay. We had briefly started talking about the first entry for US WorldMeds which was an advisory group.

Is -- am I correct that in that advisory group one of the things you were advising on was the slide deck for later speakers bureaus for a drug for US WorldMeds?

A. Yes.

MS. HIBBERT: Objection to form.

THE WITNESS: Oh, sorry.

BY MS. DICKINSON:

Q. Okay. And what was the drug?

MS. HIBBERT: Objection to form.

BY THE WITNESS:

A. The tradename is L-u-c-e-m-y-r-a.

BY MS. DICKINSON:

Q. And from your experience with

pharmaceutical company speakers bureaus, I think you testified, but I just want to make sure, that the way that the speakers bureau systems works is that speakers are handed a slide deck drafted by the pharmaceutical company, is that true?

A. That's the way I understand it to be.

Q. In your experience, are speakers that are paid speakers in a speakers bureau for pharmaceutical companies allowed to make revisions to that slide deck?

MS. HIBBERT: Objection to form, calls for speculation.

BY THE WITNESS:

A. Speakers are instructed that they should not go off script, but if they want to put in their own slides, they have to identify them as their own slides and not the company's slides.

BY MS. DICKINSON:

Q. And the script, the original script comes from whichever pharmaceutical company is sponsoring the speakers, correct?

A. Yes.

MS. HIBBERT: Objection to form.

BY MS. DICKINSON:

Q. Okay.
MS. HIBBERT: Dr. Miller --
THE WITNESS: Sorry.
MS. HIBBERT: -- give me a pause, please.
THE WITNESS: Sorry.
BY MS. DICKINSON:
Q. Which pharmaceutical companies have you served on the speakers bureau for, could you give me a list of those?
A. BDSI and US WorldMeds.
Q. You mentioned Ammon Labs.
Did you serve on the speakers bureau for Ammon Labs?
A. That's a different deal, but, in fact, yes. They -- they don't really have it well formed, but I've given talks on their behalf and been compensated for them.
Q. Okay. You mentioned an additional company that makes Vivitrol, I believe.
What is the name of that company?
A. A-l-k-e-r-m-e-s.
Q. Have you ever served on the speakers bureau for Alkermes?
A. No.

presented an agenda to react to, and back then the PTACs met either four to six times a year. I think they met less and less during the time and they've become less and less influential since 1998, but the PTACs were a big deal back in the '90s.

Q. Your experience as the chair of the -- can we call it the PTAC committee, is that fair?

A. The PTAC, yes.

Q. Okay. Was Joint Commission hospital accreditation important to the hospitals?

A. Oh, yes.

Q. Why?

A. It has to do with stature and prestige. You don't want to be unaccredited. So it's like a Good Housekeeping seal or a Consumer Reports seal. That's extremely important. But there was a bottom line consideration as well, and that is something that I will call "deemed status." And this was set up by the Federal Government.

The Centers for Medicare and Medicaid Services are the branch of the Federal Department of Health & Human Services that oversees the Medicare and Medicaid program and how they pay inpatient, outpatient, nursing home, healthcare providers for

healthcare services, okay.

To be a hospital that receives Medicare payments, you have to be surveyed by CMS. The CMS gave deemed status to the Joint Commission years ago, and by that they mean if you have been surveyed by the Joint Commission, you are deemed to be surveyed by CMS. And so the Joint Commission surveys serve in lieu of a government survey to determine if you are eligible to receive Medicare services. Therefore, if you lose Joint Commission accreditation, you lose your ability to get paid by Medicare and Medicaid. You might imagine the impact that would have on a hospital.

Q. It's a huge financial impact, correct?

MS. HIBBERT: Objection to form.

BY THE WITNESS:

A. Exactly, that's the point I was trying to make.

BY MS. DICKINSON:

Q. You made -- you actually made it very clear, in an area that is really complicated. I appreciate it. I used to defend hospitals years ago and I'm not sure I ever heard someone put it that succinctly.

other courses with her ever at UW?

A. You know, I don't even know if it's in my CV, but it might be. Over the years I have been asked to present to classes in the law school, in the social works school, in the pharmacy school, maybe even the physical therapy school, maybe even the vet school, I -- you know, but people just call up and say, We've heard you are a good speaker or we need an expert. And so I've probably taught in one of June's courses where I'd come in for one session and teach a session.

Q. Okay. We talked about your work on the PTAC for the Joint Commission back in 1998.

Did you ever come into contact with either Dr. Dahl or Dr. Joranson during your time working on that committee?

A. Yes.

Q. Okay. When?

A. My last year.

Q. Okay. And then is -- was that 1998?

A. I believe so.

Q. Okay. What was the substance of that contact?

A. A presentation was made to the PTAC about the idea of a new standard to put in -- in the manual.

Q. Okay. And when you say "the manual," we are talking about this CAMH?
A. CAMH, yes, ma'am.
Q. Okay. And was -- that presentation was made by Dr. Dahl and Dr. Joranson?
MS. HIBBERT: Object to form.
BY THE WITNESS:
A. No.
BY MS. DICKINSON:
Q. Okay. I'm sorry. Who made that presentation?
A. Dr. Joran- -- Dr. Dahl and another person whose name I don't recall.
Q. Was that other person someone at the UW pain and policy group?
MS. HIBBERT: Objection to form.
BY THE WITNESS:
A. To the best of my recollection, it was not.
BY MS. DICKINSON:
Q. Okay. Was that other person someone from the University of Wisconsin?
A. To the best of my knowledge, it was not.
Q. Okay. Do you know what entity that other

person was affiliated with?

MS. HIBBERT: Objection to form.

BY THE WITNESS:

A. No.

BY MS. DICKINSON:

Q. Were there more than just Dr. Dahl and this other person that you don't recall making that presentation to the PTAC regarding the CM -- CAMH standards?

A. Yes.

Q. Okay. Who else was making the presentation?

A. The Joint Commission staff.

Q. Okay. Which Joint Commission staff?

A. I have no idea what their name was. I don't remember if they worked for what was called the -- the SSP, the Standards and Survey Processes committee, which was one level up, if I can digress for a second --

Q. Yes.

A. -- the Joint Commission has a Board of Commissioners which is like the board of directors. The SSP reports to them and oversees standards and survey procedures across all of the accreditation

programs for the Joint Commission. And then each of the accreditation programs, as I mentioned, ambulatory care, behavioral care, hospitals, long-term care, each of those had a PTAC.

So the SSP was in between the PTACs and the -- and the Board of Commissioners. So to get a new standard, staff has to conceptualize it, you have to present it to the PTAC and the PTAC has to approve it. It goes to the SSP, this is the way it was then, the SSP has to review it and approve it. If they approve it, it goes to the Board of Commissioners and the Board of Commissioners has to approve it and it gets put in the book. That was the process.

And I don't remember if it was formally somebody that worked for SSP or of it was just a staff member, pardon the phrase, in the bowels of the Joint Commission, who came, but it was a proposal of a new standard.

Q. Okay. And what was the content of the proposal of the new standard that Dr. Dahl and the others were --

MS. HIBBERT: Objection.

BY MS. DICKINSON:

Q. -- presenting on?

MS. HIBBERT: Sorry. Same objection.
BY MS. DICKINSON:
Q. Go ahead.
A. The proposal was that there be a standard in the manual that would address how the accredited organization addresses pain complaints.
Q. And what were they proposing the accredited organization would do to address pain complaints?
MS. HIBBERT: Objection to form.
BY THE WITNESS:
A. To shorten our dialogue, they were proposing what became known as the Joint Commission pain standard.
BY MS. DICKINSON:
Q. Okay. The Joint Commission pain standard, what was the general substance of the content of that?
MS. HIBBERT: Objection to form.
BY THE WITNESS:
A. Again, I don't have any opinions about this. I have facts because I was there at the time.
BY MS. DICKINSON:
Q. Okay.
A. The Joint Commission pain standard says

that an accredited organization will be able to demonstrate to the surveyors that it assesses patients regularly regarding the status of any pain that they may have.

Q. Did that standard that they were adav -- advocating for require that every patient who came into the hospital be assessed for pain?

Is that a short way of saying it?

MS. HIBBERT: Objection to form.

BY THE WITNESS:

A. That's fair.

BY MS. DICKINSON:

Q. Okay. Is this -- was the standards summarizing what has been often called as the pain is the vi -- fifth vital sign concept?

MS. HIBBERT: Objection to form.

BY THE WITNESS:

A. I will answer your question by saying that that is an extraordinarily commonplace and inaccurate conflation of two different concepts.

BY MS. DICKINSON:

Q. Okay. I -- I want to stick with what the actual standard they were advocating for was.

A. That's good.

Q. And so the standard, you said, I think, and I just want to be clear, the standard that they -- Dahl and the others were advocating for was that each patient that came into the hospital setting would be assessed for pain.

Is that accurate?

A. Yes.

Q. Okay.

A. To be -- to be clear, the fifth vital sign language was never used by the Joint at that time. Other people at the same time were developing the concept of fifth vital sign. That was not the Joint Commission.

Q. Okay. Do you know who else was developing that concept, the fifth vital sign?

MS. HIBBERT: Objection to form.

BY THE WITNESS:

A. It came from some people, some clinicians, some whatevers, some in California, and some in the VA, both -- both California through some bureaucratic arm of the state government and maybe the health department, whatever. Somebody in California adopted that term and some -- and the VA hospital system developed that term, but they were never Joint

Commission terms.
BY MS. DICKINSON:
Q. Okay. Is pain a vital sign?
A. No.
MS. HIBBERT: Objection to form.
BY MS. DICKINSON:
Q. Do you --
MS. HIBBERT: Please.
BY MS. DICKINSON:
Q. -- the standard that we talked about with respect to Dr. -- that Dr. Dahl was advocating for, okay, so the Joint -- Joint Commission pain standard change that she was advocating for, did you agree with the change that she and others were advocating for?
MS. HIBBERT: Objection to form.
Again, this is far afield from the expert opinions that Dr. Miller has offered in this case. Are you asking his personal opinion in this question, because he is clearly not offering an expert opinion about anything that you have been asking about pretty much this entire deposition since we haven't talked about his substantive opinions once.
MS. DICKINSON: I am entitled to ask him about his background. This is his background.

MS. HIBBERT: This is not background.
BY MS. DICKINSON:
Q. Doctor, please answer the question.
MS. HIBBERT: This is a -- this is a opinion about a -- this is a question about an opinion that he has not offered in this case.
MS. DICKINSON:
Q. Doctor, please answer the question.
A. May I?
Q. Did you agree with the -- with the change in the standard that Dr. Dahl and others were proposing?
MS. HIBBERT: Objection for the same reasons I just stated.
BY MS. DICKINSON:
Q. Go ahead, Doctor.
THE WITNESS: May I proceed with the objection on -- on the table?
MS. HIBBERT: You can proceed if you can answer the question.
BY THE WITNESS:
A. I can answer the question.
BY MS. DICKINSON:
Q. I thought so. Go ahead.

MS. HIBBERT: Same objection.
BY THE WITNESS:
A. The PTAC advised that the standard not be adopted.
BY MS. DICKINSON:
Q. And did you agree with the PTAC committee that the standard should not be adopted?
MS. HIBBERT: Objection to form.
BY MS. DICKINSON:
Q. Go ahead.
A. I did.
Q. When you were on the PTAC committee, did the standard get adopted?
A. It did not.
Q. Okay. Do you know if after you left the committee that standard was adopted?
A. It was.
Q. Okay. When?
A. The following year.
Q. Do you know if Dr. Dahl had renewed her request to the committee the following year when it was adopted?
MS. HIBBERT: Objection to form, calls for speculation.

BY THE WITNESS:

A. It -- it does call for speculation. I -- I -- I believe that it was the exact same process presented to a differently composed PTAC, possibly with more forceful arguments, but I believe the process of presenting it was staff with these excise -- ex -- external people with them and it was adopted.

BY MS. DICKINSON:

Q. Okay. And was one of the external people to your understanding when the process happened the next year Dr. Dahl?

MS. HIBBERT: Objection to form.

BY THE WITNESS:

A. You asked me only to my understanding, and I would say to my understanding, but I could be wrong.

BY MS. DICKINSON:

Q. Is it -- to your understanding is the answer yes?

MS. HIBBERT: Objection to form, asked and answered. He told you what he knew. He said he doesn't know is his understanding.

BY THE WITNESS:

A. Yeah, I -- I don't --

Q. And so the standard, you said, I think, and I just want to be clear, the standard that they -- Dahl and the others were advocating for was that each patient that came into the hospital setting would be assessed for pain.

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